PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number -

l c	LAIMS AS FILE	D - PART	İ						
	· · · · · · · · · · · · · · · · · · ·			umn 2)	SMALI TYPE	ENTITY	OR		R T HAN EPITITY
TOTAL CLAIMS					RAT	FEE	7	RATE	FEE
FOR	NUMI	NUMBER FILED		BER EXTRA	BASIC	EE \$385	OR	BASIC FE	E \$710
TOTAL CHARGEABLE	CLAIMS	minus 20= *			X\$ 9	=	OR	X\$18=	
INDEPENDENT CLAIM	IS	minus 3 = *			×43		OR	V04	
MULTIPLE DEPENDEN	NT CLAIM PRESENT		•		+145				<u> </u>
* If the difference in c	olumn 1 is less that	n zero, enter	"0" in c	column 2	TOTA		OR		
CLAI	MS AS AMEND	MENDED - PART II			1017	<u> </u>	J.OH		THAN
	Column 1)	(Colum		(Column 3)	SMAL	L ENTITY	OR		EN TITY
A P	EMAINING AFTER ENDMENT	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus	**		=	X\$ 9=		OR	X\$18=	
Independent +	Minus TON OF MULTIPLE (DEPENDENT	CLAIM	=	X4 3 =		OR.	X8 6 =	
		JEI CHOCKY	ODAIN		+145=		OR	+290=	
		4			TOTA ADDIT. FEI	L .	OR ,	TOTAL ADDIT, FEE	
	olumn 1)	(Colum		(Column 3)			•		
RE	CLAIMS MAINING AFTER ENDMENT	HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus	**		=	X\$ 9=		OR	X\$18=	
Independent *	Minus	***		=	X43=		OR	X8 6 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+145=		- 1	+290=	
	•		÷		TOTAL	 	OR L	TOTAL	
(Co	lumn 1)	(Column	. 2) .	(Column 3)	ADDIT. FEE		OR A	DDIT. FEE	
C	LAIMS MAINING	HIGHES	ST			ADDI-	·		ADDI-
-	FTER NDMENT	NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
AME Total * Independent *	Minus	**		=	X\$ 9=	FEE	<u>.</u>	X\$18=	FEE
Independent *	Minus	***		=	-		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X43=	(OR _	X8 6 =	
If the entry in column 1 is less than the anterior actions a					+145=		OR .	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. ADDIT.							DR _{AD}	TOTAL DIT. FEE	
The Highest Number Prev	viously Paid For" (Total	or Independent)	ss than (Is the hi	s, enter "3." ghest number fo	_	ropriate box i			